Application or Docket Number

10/030093

## PATENT APPLICATION FEE DETERMINATION RECORD Effective O er 1, 2001

| 2.10 1.1, 2001  |  |   |                                  |                            |                                     |                  |          |   | <u> </u>                 | <del></del>                      |                     | <u> </u>                 |
|---|--|---|----------------------------------|----------------------------|-------------------------------------|------------------|----------|---|--------------------------|----------------------------------|---------------------|--------------------------|
| CLAIMS ÀS FILED - PART I (Column 1) (Column 2)  |  |   |                                  |                            |                                     |                  |          | SMALL EN                                |                          | OR                               | OTHER<br>SMALL E    |                          |
| TOTAL CLAIMS  |  |   |                                  |                            |                                     |                  |          | RATE                                    | FEE                      | 1                                | RATE                | FEE                      |
| FOR   |  |   | NUMBER FILED                     |                            | NUMBER EXTRA.                       |                  |          | BASIC FEE                               | 445                      | OR                               | BASIC FEE           | 890                      |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1 i minus 20=                    |                            | • .                                 |                  |          | X\$ 9=                                  |                          | OR                               | X\$18=              |                          |
| INDEPENDENT CLAIMS  |  |   | 1 minus 3 =                      |                            | •                                   |                  |          | X42=                                    |                          | OR                               | X8 <b>4</b> =       |                          |
| MUI   | TIPLE DEPENC                                   | DENT CLAIM PF                               | RESENT                           |                            |                                     |                  |          | +140=                                   |                          | OR                               | +280=               |                          |
| * If the difference in column 1 is less than  |  |   |                                  | ero, enter "0" in column 2 |                                     |                  | ļ        | TOTAL                                   |                          | OR                               | TOTAL               | 890                      |
|   | CL   | MENDED                                      | MENDED - PART II (Column 2) (Col |                            |                                     |                  | SMALL    | ENTITY                                  | OR                       | OTHER<br>SMALL                   | THAN                |                          |
| AMENDMENT A   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                  | HIGI<br>NUN<br>PREVI       | HEST<br>MBER<br>IOUSLY<br>) FOR     | PRESENT<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>• FEE |                                  | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | •   | Minus                            | ••                         |                                     | =                |          | X\$ 9=                                  |                          | OR                               | X\$18=              |                          |
|   | Independent                                    |   |                                  |                            | =                                   |                  | X40=     |   | OR                       | X80=                             | -                   |                          |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                            |                                     |                  | ן נ      | +135=                                   |                          | OR                               | +270=               |                          |
|   |  |   |                                  |                            |                                     |                  | ļ        | TOTAL<br>ADDIT.FEE                      |                          |                                  | TOTAL<br>ADDIT. FEE |                          |
|   |  | (Column 1) (Column 2) (Column 3             |                                  |                            |                                     |                  |          |   | L                        | -                                | -                   | 1. 2.                    |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                  | NUI<br>PREV                | SHEST<br>MBER<br>/IOUSLY<br>D FOR   | PRESENT<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>FEE   |                                  | RATE                | ADDI-<br>TIONAL<br>- FEE |
|   | Total  | *   | -<br>Minus                       | **                         |                                     | =                |          | X\$ 9=                                  | 7.:                      | OR                               | X\$18=              |                          |
|   | Independent                                    | •   | Minus                            | ***                        |                                     | =                |          | X40=                                    |                          | OR                               | X80=                | . :                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPE            |   |                                  | PENDE                      | NT CLAIM                            |                  | ٢        | +135=                                   |                          | OR                               |                     |                          |
|   |  |   |                                  |                            |                                     |                  |          | TOTAL<br>ADDIT, FEE                     |                          | OR                               | TOTAL               |                          |
|   |  | (Column 1)                                  | · ·                              | (Col                       | umn 2)                              | (Column 3)       | <u>)</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          | _                                | ′^                  | T 34                     |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | <b>60</b>                        | HIC<br>NU<br>PRE           | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>FEE   |                                  | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  |   | Minus                            | •••                        |                                     | =                |          | X\$ 9=                                  |                          | OR                               | X\$18=              |                          |
|   | Independent                                    |   | Minus                            |                            |                                     | =                | ╣.       | X40=                                    |                          | OR                               | X80=                |                          |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                            |                                     |                  |          | +135=                                   |                          | OR                               | 2.50                |                          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                  |                            |                                     |                  |          |   |                          | OR                               | TOTA                |                          |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |                                  |                            |                                     |                  |          |   | `L                       | $\mathbf{I}_{\alpha \mathbf{u}}$ | ADDIT, FEI          | E                        |

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.